



SPACE REQUEST **State-Owned or Leased Facility**

INSTRUCTIONS FOR COMPLETING A SPACE REQUEST FORM (DOA-8176)

Complete the Space Request form for agency space use:

- State-owned space—new or additions.
NOTE: Request to partially or fully vacate space in a State Office Building (SOB) REQUIRES filling out and submitting for approval, form: DOA-8178, Vacate Request Within State Office Building (SOB).
- Leased space—new, additions, and reductions.
- Vacant land.
- Tower sites, space on towers and/or space in tower buildings.
- ‘Temporary’ or limited used space needs.
- Dormitory leases for UW campuses

IMPORTANT: Complete the Space Request form on your computer. There are formulas built into the form to calculate totals, a dropdown menu, and checkmark boxes to help you complete the form.

Initially ‘save’ the form to your computer when starting to fill it out. Form is set up to tab through the ‘open’ boxes. Fill out each applicable entry box. For all Space Requests, use the DOA Space Allocation Guidelines as outlined in the [“DOA Space Allocation Guidelines, section 6.”](#)

Questions about completing the information on the Space Request form: Refer to the corresponding section and item number below for additional guidance. Need further help to complete the form: Contact Scott Berger (DOA Lease Administration Section Chief), 608-267-2004 or DOADFMLEASING@wisconsin.gov.

Print the completed form and have signed and dated by the Authorized Agency Representative (the other two signatures will be handled through DOA Lease Administration). Scan and e-mail the completed and signed form to DOA DFDM Leasing at DOADFMLEASING@wisconsin.gov.

MAIN HEADER SECTION

1. **Agency Name:** Name of state agency to occupy requested space.
5. **Division, Bureau and Section/Unit:** Name of agency’s division, bureau and section/unit to occupy requested space.
6. **Desired Occupancy Date:** Desired date to occupy the requested space. Please allow sufficient time for DOA Lease Administration staff to fulfill your request. This is your proposed occupancy date. Lease Administration staff will work with you to determine an actual occupancy date based on agency’s need and the availability of space to meet the requirements.
7. **Reason desired occupancy date is critical, if applicable:** If the Space Request has a critical time frame, articulate that need. Examples of ‘critical’ reasons: safety or health concern with the current space, the current building owner has changed hands and occupants will be evicted, or a new agency funding source has a deadline. AND/OR List more detail under item #34.
8. **Street Address & City of Space Requested (if known):** Street address (approximate) and City of requested space, if known.

9. **Desired Length of Initial Lease Term (# of Years):** Desired length of initial lease term for requested space, expressed in years.
10. **Desired Number & Length of Renewal Options:** Number of terms and length of terms for renewal options; for example, two 5-year renewal options.

11. SPACE ALLOCATION BY POSITION CATEGORY SECTION

Position Category & Job Title: List all current and new request, authorized positions, by Position Category and Job Title. See "[DOA Space Allocation Guidelines, section 6.8](#)" for the various Position Categories. Limited term and shared positions should be indicated as such. *List 'N/A' if not filling in this section.*

IMPORTANT: Positions specifically located in Support Areas (i.e. reception/security desk) must be listed here and the number of positions; but do NOT list 'Amount of Square Feet per Position' if the work station space for these positions is included in the Support Areas section 13, below.

Furniture/Office: Use the pull-down menu in this column to select the appropriate type of furniture/office to be used for each position category. For your reference:

Systems = Individual work station, open cubicle

Private Office = Enclosed office; not open cubicle

Number of Positions: In the 'Current' column, enter the current number of staff for each position category/job title, if applicable. In the 'New Request' column, enter the total number of positions for each position category/job title to be in the space over the lease term requested (including renewal options), *even if it is the same as 'current'.*

Standard from Guidelines: Enter the 'Amount of Square Feet per Position' allowed for each position category as detailed in the "[DOA Space Allocation Guidelines, section 6.8](#)" based on the type of furniture selected. For limited term and part-time employees, use square feet data from space allocation code WS-3 listed in the guidelines. If you have correctly completed this section, the 'Grand Total Square Feet of New Request' column will automatically calculate. If it does not, edit the previous columns as appropriate.

12. **Grand Total square feet requested for space allocation by position categories/job titles here & below in Totals box (#15):** If you have correctly completed the previous boxes, these two boxes will automatically calculate. If they do not, edit previous columns as appropriate.

13. SPACE ALLOCATION BY SUPPORT AREAS SECTION

This section of the form is used for any Support Areas, including furniture and equipment space. List open work and non-work areas only, NOT private offices or individual work stations. Support Areas may include conference rooms, meeting rooms, training rooms, reception/security desk, break area, kitchenettes, copier areas, work rooms and/or larger copier areas, mail rooms, shared printer areas, file/storage rooms, open lateral file areas, vertical file areas, library, in-suite restrooms, lactation room, laboratories, garages, etc. SEPARATELY list each category being requested.

IMPORTANT: All positions specifically located in the Support Areas will be listed in the "Space Allocation by Position Category" section 11, above, without "Amount of Square Feet per Position" because the square footage is included in this section (e.g., reception/security desk). *List 'N/A' if not filling in this section.*

13a: ONLY Conference, Meeting and Training Rooms

Category & Description: Enter Category and brief description according to the "[DOA Space Allocation Guidelines, section 6.9](#)".

Average Number Visitors/Staff: Enter, separately, the average number of visitors and staff expected at one time.

Frequency of Use: Enter the estimated hours per day, days per week, and weeks per year that the support area space will be used.

Number of 'Each Category': In the 'Current' column, enter the total current number of each support area category, if applicable. In the 'New Request' column, enter the total number of each support area category to be in the space over the lease term requested (including renewal options), *even if is the same as 'current'*.

Standard from Guidelines: Enter the 'Amount of Square Feet per Support Area' allowed for each category as detailed in the "[DOA Space Allocation Guidelines, section 6.9](#)". If you have correctly completed this section, the 'Total Square Feet of New Request' column will automatically calculate. If it does not, edit the previous columns as appropriate.

13b: All Other Support Areas

Category & Description: Enter Category and brief description according to the "[DOA Space Allocation Guidelines, section 6.9](#)". If a needed category (such as a lactation room) is not listed in the guidelines, still list category on form.

Number of 'Each Category': In the 'Current' column, enter the total current number of each support area category, if applicable. In the 'New Request' column, enter the total number of each support area category to be in the space over the lease term requested (including renewal options), *even if is the same as 'current'*.

Standard from Guidelines: Enter the 'Amount of Square Feet per Support Area' allowed for each category as detailed in the "[DOA Space Allocation Guidelines, section 6.9](#)". If a needed category (such as a lactation room, laboratory or garage) is not listed in the guidelines, enter an estimated square footage for that item.

If you have correctly completed this section, the 'Total Square Feet of New Request' column will automatically calculate. If it does not, edit the previous columns as appropriate.

14. **Grand Total square feet requested for space allocation by support areas (items 13a&b) and Totals box (#16):** If you have correctly completed the previous boxes, these two boxes will automatically calculate. If they do not, edit previous columns as appropriate.

TOTALS SECTION

15. **Total Space Allocation by Position Categories/Job Titles (#12 above):** If you have correctly completed the previous boxes, this box will automatically calculate. If it does not, edit appropriate columns in section #11 above. This total will be same as #12 total above.
16. **Total Space Allocation by Support Areas (#14 above):** If you have correctly completed the previous boxes, this box will automatically calculate. If it does not, edit appropriate columns in section #13 above. This total will be same as #14 total above.
17. **Subtotal Usable Square Feet (Sum #15 + #16):** This box will automatically calculate the sum of Total Space Allocation by Position Categories/Job Titles (#15) plus Total Space Allocation by Support Areas (#16).
18. **Estimated In-suite Circulation Area:** If unknown, enter 25%. If known, enter percentage. The total will automatically calculate the Usable Square Feet (#17) times the percentage entered for the estimated in-suite circulation area for the leased space.
19. **Estimated Building Load Factor:** Enter 15% ONLY if in multi-tenant building where common areas, such as reception and some or all restrooms, are used by all tenants. If NOT multi-tenant building, LEAVE 0%. The total will automatically calculate the Usable Square Feet (#17) times 15% if applicable and entered.
20. **Total Square Feet Requested = Subtotal Usable Square Feet (#17) + Circulation (#18) + Load Factor (#19):** This box will automatically calculate the Subtotal Usable Square Feet (#17) plus the Estimated In-suite Circulation Area (#18) plus, if applicable, Estimated Building Load Factor (#19).

BUDGET IMPACT SECTION

Please do not select a facility. The assigned DOA State Real Estate Transaction Manager will manage and complete the site search with the agency.

21. **Rental Rate Change per Square Foot:** To estimate a new rental rate, contact a DOA State Real Estate Transaction Manager for current market rates in the geographic area of your request. In the box on the left, enter the 'Current' rental rate per square foot (if applicable). In the center box, enter the 'New Request' estimated rental rate per square foot. The box on the right will automatically calculate the estimated Rental Rate Change per Square Foot (positive or negative).
22. **Total Square Feet Change:** In the box on the left, enter the 'Current' total square footage (if applicable). The center box will automatically post the 'New Request' estimated total square feet from item #20. The box on the right will automatically calculate the estimated Total Square Feet Change (positive or negative).
23. **Annual Space Cost Change:** These boxes will automatically calculate and post the estimated change in the annual space cost -- 'Current' total (if applicable), 'New Request' total, and 'Change' amount (positive or negative) - by multiplying the applicable Rental Rate per Square Foot (line 21) times the applicable Total Square Feet (line 22), and then calculate the Annual Space Cost Change (positive or negative).
24. **Total Number of Positions Change:** These boxes will automatically post the total number entered in section 11. The box on the left is the total of 'Current' number of positions from section 11. The center box is the total of 'New Request' number of positions from section 11. The box on the right will automatically calculate the Total Number of Positions Change (positive or negative).
25. **Estimated Moving Costs:** Enter, in the left box, the Total of New OR Added Positions from line 24. If the estimated moving costs have been obtained, divide that total cost by the number of Positions to obtain the Cost/Position and enter amount in the center box. If moving costs estimate is 'unknown', enter \$500.00 in the center box for Cost/Position. The box on the right will automatically calculate the Total Estimated Moving Costs.
26. **Estimated Furniture Costs:** Enter, in the left box, the Total of New OR Added Positions from line 24. If the estimated furniture costs have been obtained, divide that total cost by the number of Positions to obtain the Cost/Position and enter amount in the center box. If furniture costs estimate is 'unknown', enter \$5,000.00 in the center box for Cost/Position. The box on the right will automatically calculate the Total Estimated Furniture Costs.
27. **Estimated Cabling Cost:** Enter, in left box, the Total of New OR Added Square Feet from line 22. If the estimated cabling cost has been obtained, divide that total cost by the Square Feet to obtain the Cost/Sq. Ft. and enter amount in the center box. If cabling cost estimate is 'unknown', enter \$3.00 in the center box for Cost/Sq. Ft. The box on the right will automatically calculate the Total Estimated Cabling Cost.
28. **Estimated Tenant Improvement Costs:** Enter, in the left box, the Total of New OR Added Square Feet from line 22. If the estimated tenant improvement costs have been obtained, divide that total cost by the Square Feet to obtain the Cost/Sq. Ft. and enter amount in the center box. If tenant improvement costs estimate is 'unknown', enter \$20.00 in the center box for Cost/Sq. Ft. The box on the right will automatically calculate the Total Estimated Tenant Improvement Costs.
29. **Estimated Grand Total for New Request:** This box will automatically calculate the Estimated Grand Total by adding together the Annual Space Cost Change—New Request (item #23), Total Estimated Moving Costs (item #25), Total Estimated Furniture Costs (item #26), Total Estimated Cabling Cost (item #27), and Total Estimated Tenant Improvement Costs (item #28).
30. **Special Requirements:** List any special requirements such as computer HVAC requirements, unusual electrical or communications needs, special security needs, extended hours of operation, etc. Attach additional pages if necessary to further describe special requirements. *List 'N/A' if not filling in this item.*

JUSTIFICATION FOR SPACE REQUEST SECTION

Place a 'check mark' in the appropriate box (item #31, #32 or #33) to indicate the reason for the Space Request. Explain the justification for the Space Request in the boxes below. Attach additional pages if needed to further explain.

31. **Creation or Deletion of Unit:** A new unit has been created, which requires a space to conduct business, or a current unit has been deleted so the space they occupy is no longer required.
32. **Expansion or Contraction of an Existing Unit:** A unit has either increased or decreased in personnel or the necessary physical space needed for the unit to conduct business has increased or decreased.
33. **Other:** Any other justification for an increase or decrease in space (other than the creation or deletion of a unit OR the expansion or contraction of an existing unit), such as, safety or health concern with the current space or the building has changed hands and occupants will be evicted.
34. **What issues will occur if the status quo continues or this Space Request is not approved or accomplished by the desired occupancy date listed in #6 above?:** Provide explanation.
35. **If known, is there a Holdover provision in the existing lease and does it provide for a rent increase?:** List answer.
36. **Anticipated overall rent change, if any:** List total dollar amount change, if any, which will be realized with this Space Request.
37. **Cost Avoidance; is there going to be a reduction in specific item costs due to this Space Request:** List specific items that will be reduced and related dollar amount realized with this Space Request.
38. **Health and Safety Concerns:** List any pertinent health and safety concerns that would require change in space need.
39. **Moving Costs: If applicable, how are the costs to be funded (e.g. current agency budget, special funds)?:** List answer.
40. **Furniture Costs: New, refurbished or existing? How are the costs to be funded (e.g. current agency budget, special funds)?:** List answers.
41. **Tenant Improvement Costs: How are the costs to be funded (e.g. current agency budget, lessor amortization)?:** List answer.

FUNDING SECTION

42. **Can all costs in the fiscal year be funded from the agency's existing budget level for the lease term requested?:** Enter a "check mark" in the 'Yes' or 'No' box to indicate whether all costs in the lease term can be funded from the agency's existing budget level.
43. **If no, explain how funds will be obtained:** If you indicated "No" in the previous box, explain how funding will be obtained to pay for all costs in the lease term, including renewal options.
44. **Type(s) of Funding:** Enter the type(s) of funding that will be used. Typical funding sources are:

General Purpose Revenue (GPR)	Segregated Revenue (SEG)
Program Revenue (PR)	Segregated Revenue-Federal (SEG-F)
Program Revenue-Federal (PR-F)	Segregated Revenue-Local (SEG-L)
Program Revenue-Service (PR-S)	Segregated Revenue-Service (SEG-S)

45. **Authorizing Source and/or Appropriation; what will be used?:** Enter the appropriate authorizing source (Act) and/or appropriation.
46. **Agency Tenant or Lease Coordinator, Phone Number & E-mail Address (type in box to right), IMPORTANT:** Must enter the Agency Tenant or Lease Coordinator, who will be the main agency contact for this Space Request.

SIGNATURE APPROVALS SECTION

47. **Agency Secretary/Chancellor or Designee:** Every Space Request form must be approved by the Agency Secretary/Chancellor or their designee (signed and dated).
48. **Agency Legal Counsel Comments:** Comments by Agency Legal Counsel, if any.
49. **Agency Legal Counsel:** Space Request may be reviewed, signed and dated by the Agency Legal Counsel.
50. **DOA DFDM BREM Bureau Director:** Every Space Request form will be reviewed for potential approval by the DOA Division of Facilities Development & Management, Bureau of Real Estate Management Bureau Director. DOA Leasing Administration will obtain the needed approval review by the Bureau Director.
51. **DOA State Budget Office:** Every Space Request will be reviewed for potential approval by the agency representative in the DOA State Budget Office. DOA Leasing Administration will obtain the needed approval review by the DOA State Budget Office.